



Rosa's Centre Volunteer Application

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Social Insurance #: _____

Date of Birth: _____ Spouse's Name: _____

Personal Information (please circle your responses)

Gender: Male Female

Physical Limitations: No Yes (Please explain): _____

Education (highest level completed) High school College Business Graduate School/Vocational

Former work/occupation: _____

Most recent employer (optional): _____

List Previous volunteer experience: _____

Criminal Background Check Date (Attach)

Skills: (List your skills and indicate proficiency level) Skilled Can teach Amateur

1: _____

2: _____

3: _____

Languages: (indicate proficiency level) Fluent Read Write

1: _____

2: _____

Volunteer availability: (Circle all applicable) Number of days per week 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

Transportation (How you will get to your assignment)

Public Transport Walk Bus/Van Taxi/Car Service Car

In an emergency, notify:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

.....
(Signature/Volunteer)

.....
(Signature/Staff)

.....
(Date)

Rosa's Centre greatly values and respects the contribution of all its volunteers.